

# Physician's Certification of Improvement of Borrower's Disability

Federal Family Educational Loan Programs (FFELP): Stafford Student Loan Program/  
Supplemental Loans for Students (SLS)/Parent Loans for Undergraduate Students (PLUS)/Consolidation



**Warning:** Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

**Consent for Release of Information:** I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

## SECTION I — TO BE COMPLETED BY BORROWER (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

Person filling out this form: ☐ Borrower ☐ Representative

|   |      |   |          |                              |
|---|------|---|----------|------------------------------|
| 1. Name of borrower (first, last, mi)         |      | 2. Borrower's SSN<br>____ - ____ - ____ |          |                              |
| 3. Address                                    | City | State                                   | Zip code | 4. Telephone number<br>( ) - |
| 5. Type of Loan(s) (see general instructions) |      |   |          |                              |
| 6. Signature<br>▶                             |      | 7. Date                                 |          |                              |

## SECTION II — TO BE COMPLETE BY CERTIFYING PHYSICIAN (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

1. Diagnosis of borrower's present medical condition (give results of complications)

2. Borrower is: ☐ Ambulatory ☐ Other

3. Prognosis — Is condition static? ☐ Yes ☐ No — If no, what optimum improvement or deterioration can be expected?

### 4. Physician's Certification of Improvement of Borrower's Total and Permanent Disability

I certify that in my professional judgement (name of borrower) \_\_\_\_\_ is able to engage in any substantial gainful activity because of the substantial improvement of the medical condition that is described on the attached Physician's certification of Borrower's total and permanent disability.

I am legally authorized to practice in the state of \_\_\_\_\_.

|   |            |      |       |     |                              |
|---|------------|------|-------|-----|------------------------------|
| 5. Type or print name of physician            | 6. Address | City | State | Zip | 7. Telephone number<br>( ) - |
| 8. Signature of physician (M.D. or D.O.)<br>▶ |            |      |       |     | 9. Date                      |

**Return to:** California Student Aid Commission  
Attn: Collections Services Branch  
P.O. Box 510623  
Sacramento, CA 94245-0623

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## General Instructions

This form is used for obtaining a physician's certification of improvement of borrower's disability for the purpose of reinstating the borrower's obligation to repay his or her student loan(s) and to allow the borrower to secure additional loan(s) under one or more of the following Federal Family Educational Loan Programs (FFELP): Stafford Student Loan Program, Supplemental Loans for Students (SLS), Parent Loans for Undergraduate Students (PLUS), Consolidation.

## Instructions for Section I — Borrower:

1. The borrower or representative of the borrower must complete this section and sign the form. List your types of loans: Stafford, SLS, PLUS or Consolidation.
2. Have Section II of the form completed and signed by a doctor of medicine or doctor of osteopathy.
3. Return a completed copy of this form to Commission's Collections Services Branch.

## Instructions for Section II — Physician:

1. You are being asked to complete and sign this form to certify that the borrower's disability has substantially improved and that the borrower can work and/or attend school.
2. You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

1. The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601.
2. The principal purpose of this information is to verify the identity of the borrower; determine that the borrower's disability has substantially improved and, in the event it is necessary, to locate the borrower's representative or certifying physician. The SSN is used as a loan account number (identifier) in order to accurately record necessary information.
3. The routine uses of this information include its disclosure to Federal, State or local agencies, to guarantee agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining the borrower's disability has substantially improved; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request.
4. This information is necessary to process requests for new FFELP loans.